



IDAHO SOIL CONSERVATION COMMISSION

RESOURCE CONSERVATION AND RANGELAND DEVELOPMENT PROGRAM

PO Box 790 BOISE, ID 83701

BOISE OFFICE: 208-332-8650 FAX: 208-334-2386

Loan Application

Please complete all portions of this application. If a question is not applicable, mark the space provided with "N/A". Assistance may be obtained from your local conservation district office. **Incomplete applications may be returned and will likely delay the review process.**

Applicant	
Name: _____	
DOB: ____ / ____ / ____	SSN: _____
Phone: (____) _____	Cell: _____
Address: _____	
City: _____	State: ____ Zip: _____
Non- farm Employer: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Position: _____	Gross Pay: \$ _____
Other Income: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$ _____	
Source: _____	No. of Years: _____

Co-Applicant	
Name: _____	
DOB: ____ / ____ / ____	SSN: _____
Phone: (____) _____	Cell: _____
Address: _____	
City: _____	State: ____ Zip: _____
Non- farm Employer: _____	
Address: _____	
City: _____	State: ____ Zip: _____
Position: _____	Gross Pay: \$ _____
Other Income: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: \$ _____	
Source: _____	No. of Years: _____

Farming/Ranching Operation	
Is farming or ranching the primary occupation of applicant/co-applicant? Yes <input type="checkbox"/> No <input type="checkbox"/> No. of years farming: _____	
Total Acres Owned: _____	Production Acres: _____ Total Acres Rented: _____ Production Acres: _____
Method of operating owned acreage: Operator: <input type="checkbox"/> L/L: <input type="checkbox"/> Combination: <input type="checkbox"/>	

Loan Request	
Loan Amount Requested: \$ _____	* Loan Term Requested: _____ Years
Repayment Schedule: <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	
**Month of Payment:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June
	<input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
* Loans secured by chattel may not exceed a term of 7 years. Loans secured by real estate may not exceed a term of 15 years.	
** All loan payments are due on the first day of the month specified.	

RCRDP Loan Application

Project Summary				
<i>Please itemize labor and materials to be financed as part of proposed project. Attach a separate sheet if necessary.</i>				
Item Description	Quantity	Unit of Measure	Cost per Unit	Total Cost
Cost share – EQIP, CIP etc.				
Total Estimated Cost of Project Implementation			\$	

Project Location: ☐ Private Land ☐ State Land ☐ BLM Land ☐ USFS Land ☐ County Land

Number of Project Acres (Treated Acres): _____

Project Description: _____

Security/Collateral	
<i>Please specify type(s) of collateral offered. Select as many as are applicable.</i>	
<input type="checkbox"/> Real Estate Mortgage	Number of acres offered _____ Mortgage position offered: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
Name of 1 st mortgage holder: _____ Amount of 1st \$ _____	
Is any part of property tenant occupied or operated? <input type="checkbox"/> Yes <input type="checkbox"/> No Lease type: <input type="checkbox"/> Verbal <input type="checkbox"/> Written	
Tenant/Occupant Name(s): _____ Lease Expires: _____	
Security Ownership vested in: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Brief Description of Property <i>(Please attach legal description if available):</i>	

<input type="checkbox"/> Water Stock	Canal Company Name: _____ Certificate No(s): _____
<input type="checkbox"/> Water Rights (Well Water)	Dept. of Water Resources Water Right No(s): _____
<input type="checkbox"/> Chattel Security	Please list all equipment offered as collateral & record details in Schedule E of <i>Balance Sheet</i>

☐ **Irrigation Collateral, describe:** _____

Policy Acknowledgements

Has applicant/co-applicant participated in the Idaho Soil Conservation Commission's loan programs before? ☐ Yes ☐ No

If yes, please explain:

Is applicant/co-applicant a Commission member/employee or related to a Commission member/employee? ☐ Yes ☐ No

If yes, please explain:

I/We understand that ISCC policy **prohibits** consideration and/or approval of any loan application for any project in which **delivery** or **use** of any equipment being considered for financing, as well as **construction** and/or **implementation**, has **commenced prior** to final written loan approval by the Commission, unless an exemption form has been completed by the applicant and approved and signed by the ISCC Loan Officer.

Applicant's Initials _____ Co-Applicant's Initials _____

I/We hereby authorize The Idaho Soil Conservation Commission and/or its agents to verify my employment and self-employment record(s), banking accounts, credit history, mortgage history and/or any other information which any of them find necessary in connection with my loan application.

I/We understand that use of this form, or photocopy thereof, may be necessary to verify one or more of my credit references. I authorize this use and request that a photocopy be honored.

I/We authorize The Idaho Soil Conservation Commission and/or its agents obtain a credit report on me, in consideration of any service that the Idaho Soil Conservation Commission may consider offering me at any time during the application process.

Applicant Signature

Date: _____

Co-Applicant

Date: _____

Applicant Name (Print)

Co-Applicant Name (Print)